

Title	Child Support: New Minutes and Order or Judgment (approve optional forms FL-692, FL-693, and FL-694; revise form 1299.28 and renumber as form FL-450)
Summary	The proposed new forms would create a series of user-friendly optional forms that could be used by court or local child support agency personnel to generate a minute order, an order after hearing, or judgment at the time of a hearing. This innovative series of forms would be approved as an alternative to the mandatory forms that currently exist, to better serve those courts that would prefer to generate the orders in the courtroom. These forms contain standardized language for the most common orders in a governmental child support action. These forms could also eliminate the need to prepare both a minute order and an order after hearing.
Source	Family and Juvenile Law Advisory Committee
Staff	Michael L. Wright, 415-865-7619 Ruth K. McCreight, 415-865-7666 Rita G. Mah, 415-865-7670
Discussion	<p><i>Minutes and Order or Judgment (Governmental)</i> (form FL-692) would be approved to provide a more user-friendly form that contains standardized provisions for the most common orders issued in a governmental child support action. This form could be used for both a minute order and an order after hearing, or a judgment taken in open court. This form could be used as an alternative to <i>Findings and Order After Hearing (Family Law —Domestic Violence Prevention — Uniform Parentage)</i> (form 1296.31, proposed to be renumbered as form FL-350), <i>Stipulation for Judgment or Supplemental Judgment Regarding Parental Obligations and Judgment</i> (form 1299.07, proposed to be renumbered as form FL-615), <i>Stipulation and Order (Governmental)</i> (form 1299.22, proposed to be renumbered as form FL-625) <i>Findings and Recommendation of Commissioner (Governmental)</i> (form 1299.70, proposed to be renumbered as form FL-665), and <i>Order After Hearing (Governmental)</i> (form 1298.07, proposed to be renumbered as form FL-687).</p> <p><i>Guideline Findings Attachment (Governmental)</i> (form FL-693) would be approved to provide an attachment to the <i>Minutes and Order or Judgment</i> (form FL-692) for those circumstances in which a guideline child support calculation either was not available or not appropriate to incorporate as the court's mandatory findings. This form could be</p>

used as an alternative to *Child Support Information and Order Attachment* (form 1296.31B, proposed to be renumbered as form FL-352). This form contains the substantive provisions of the current forms *Non-Guideline Child Support Findings Attachment* (form 1296.31B(1), proposed to be renumbered as form FL-352(A)) and *Child Support Information and Order Attachment* (form 1296.31B, proposed to be renumbered as form FL-352).

Advisement and Waiver of Rights for Stipulation (form FL-694) would be approved as an optional attachment to the *Minutes and Order or Judgment* (form FL-692) to provide the necessary advisement and waiver of rights required when the parties enter a stipulated order or judgment on the record in open court. This form could be used as an alternative to page 4 of 4 of the *Stipulation for Judgment or Supplemental Judgment Regarding Parental Obligations and Judgment (Governmental)* (form 1299.07, proposed to be renumbered as form FL-615).

Request for Hearing Regarding Order/Notice to Withhold Income for Child Support (Family Law—Governmental—UIFSA) (form 1299.28, proposed to be renumbered as form FL-450) would be revised to add a warning that submission of this form to the court will not result in a modification of child support. The form would also be revised to require that a completed *Income and Expense Declaration* (form 1285.50, 1285.50a, 1285.50b, and 1285.50c; proposed to be renumbered as form FL-150, FL-151, FL-152, and FL-153) be attached, filed, and served if the moving party is objecting to the amount of the arrearage deduction based on financial hardship.

Attachments

1. A hearing on this application will be held as follows (see *Notice of Hearing instructions on page three for information on how to get a hearing date*):

a. Date: _____ Time: _____ ☐ Dept.: _____ ☐ Div.: _____ ☐ Room: _____

2. ☐ I request that service of the *Earnings Assignment Order of Interstate Order/Notice to Withhold Income for Child Support* be quashed (set aside) because

- c. ☐ The other parent and I have a written agreement that allows the support order to be paid by an alternative method. A copy of the agreement is attached. *(Note: If the support obligation is paid to the local child support agency, this agreement must be signed by a representative of that agency.)*

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
---	--------------

3. ☐ I request that the earnings assignment be modified because
- a. ☐ the total arrearage claimed as owing is incorrect. *(Check one or more of the following reasons):*
- (1) ☐ I did not receive credit for all of the payments I have made. *(Check one or more of the following):*
- (a) ☐ I have attached my statement of the payment history, which includes a monthly breakdown of amounts ordered and amounts paid.
- (b) ☐ I made the following payments that were not credited *(for each payment specify the date, amount, and the name of the person or agency paid):*
- (2) ☐ Child support terminated *(specify name of the child, child's date of birth, and date and reason support terminated):*
- (3) ☐ Other *(specify):*
- b. ☐ The monthly payment specified in the earnings assignment is more than one-half of my total net income each month from all sources.
- c. ☐ The monthly arrearage payment stated in the earnings assignment creates an undue hardship because *(describe the hardship and state the amount you are able to pay on your arrearage):*

NOTE: If you want to change the amount of money being deducted for arrearages because it creates a hardship, please attach a completed *Financial Statement (Simplified)* (form FL-155) or *Income and Expense Declaration* (form FL-150) as required by rule 1225(b) of the California Rules of Court.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:



(TYPE OR PRINT NAME OF PERSON REQUESTING HEARING)

(SIGNATURE OF PERSON REQUESTING HEARING)

CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this action and that a true copy of the *Request for Hearing Regarding Earnings Assignment* was mailed, with postage fully prepaid, in a sealed envelope addressed as shown below, and that the request was mailed at *(place):* _____ on *(date):* _____

Date:

Clerk, by _____, Deputy

<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>

**INFORMATION SHEET FOR REQUEST FOR HEARING
REGARDING WAGE AND EARNINGS ASSIGNMENT
(California Rules of Court, rules FL-440, FL-450)
(Do NOT deliver this Information Sheet to the court clerk.)**

Please follow these instructions to complete the *Request for Hearing Regarding Earnings Assignment* (form FL-450) if you do not have an attorney representing you. Your attorney, if you have one, should complete this form. You must file the completed *Request for Hearing* form and its attachments with the court clerk within 10 days after the date your employer gave you a copy of *Earnings Assignment* or an *Interstate Order/Notice to Withhold Income for Child Support*. The address of the court clerk is the same as the one shown for the superior court on the earnings assignment order. You may have to pay a filing fee. If you cannot afford to pay the filing fee, the court may waive it, but you will have to fill out some forms first. For more information about the filing fee and waiver of the filing fee, contact the court clerk or the family law facilitator in your county.

INSTRUCTIONS FOR COMPLETING THE REQUEST FOR HEARING REGARDING EARNINGS ASSIGNMENT FORM (TYPE OR PRINT IN INK)

Front page, first box, top of form, left side: Print your name, address, and telephone number in this box if it is not already there.

Item 1: a.-b. You must contact the court clerk's office and ask that a hearing date be set for this motion. The court clerk will give you the information you need to complete this section.

Item 2: Check this box if you want the court to stop the local child support agency or the other parent from collecting any support from your earnings. You must check the box for either a., b., or c. below if you check this box.

- a. Check this box if you are not the person required to pay support in the earnings assignment.
- b. Check this box if you believe that there is "good cause" to recall the earnings assignment. NOTE: The court must find ALL of the conditions listed in this paragraph exist in order for good cause to apply.
- c. Check this box if you and the other parent have a written agreement that allows you to pay the support another way. **You must attach a copy of the agreement**, which must be signed by the other parent and a representative of the local child support agency if payments are made to a county office.

Item 3: Check this box if you want to change the earnings assignment. You must check the box for either a., b., or c. below if you check this box.

- a. Check this box if the total arrearage listed in item 9 on the earnings assignment is wrong. If you check this box, you must check one or more boxes for (1), (2), or (3). You must attach the original of your statement of arrearages. Keep one copy for yourself.
 - (1) Check this box if you believe that the amount of arrearage listed in the earnings assignment does not give you credit for all the payments you have made. If you check this box, you must check either or both of the boxes underneath it.
 - (a) Check this box if you are attaching your own statement of arrearage. This statement must include a monthly listing of what you were ordered to pay and what you actually paid.
 - (b) Check this box if you wish to list any payments that you believe were not included in the arrearage amount. For each payment you must list the date you paid it, the amount paid, and the person or agency (such as the local child support agency) to whom you made the payment. Bring proof of any payment in dispute to the hearing.
 - (2) Check this box if the child support for any of the children in the case has terminated (ended). If you check this box, you must list the following information for each child:
 - The name and date of birth of each child.
 - The date the child support order terminated.
 - The reason child support terminated.
 - (3) Check this box if there is another reason you believe the arrearage is incorrect. You must explain the reasons in detail.
- b. Check this box if the total monthly payment shown in item 1 of the earnings assignment is more than one-half of your monthly net income.
- c. Check this box if the total monthly payment shown in item 1 of the earnings assignment causes you a serious hardship. You must write in the reasons for the hardship in this space.

You must date the *Request for Hearing* form, print your name, and sign the form under penalty of perjury. When you sign the *Request for Hearing* form, you are stating that the information you have provided is true and correct. After you file the request, the court clerk will notify you of the date, time, and location of the hearing by mail.

You must file your request within 10 days of receiving the *Earnings Assignment Order* or *Interstate Order/Notice to Withhold Income for Child Support* from your employer. You may file your request in person at the clerk's office or mail it to the clerk. In either event, it must be received by the clerk within the 10-day period.

If you need additional assistance with this form, contact an attorney or the family law facilitator in your county. Your family law facilitator is available to help you with any questions you may have about the above information. For more information on finding a lawyer or family law facilitator, see the Self-Help website www.courtinfo.ca.gov/selfhelp/.

Notice: Use form FL-450 to request a hearing ONLY if you object to the *Order/Notice to Withhold Income for Child Support* (form FL-195) or *Earnings Assignment Order* (form FL-440). This form will NOT modify your current support amount. (See *Information Sheet on Changing a Child Support Order* (form FL-192 page 2).

SUPERIOR COURT OF CALIFORNIA, COUNTY OF		FOR COURT USE ONLY
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		DRAFT-4
PETITIONER/PLAINTIFF:		
RESPONDENT/DEFENDANT:		
OTHER PARENT:		
MINUTES AND	<input type="checkbox"/> ORDER <input type="checkbox"/> JUDGMENT	CASE NUMBER:
	<input type="checkbox"/> RECOMMENDED ORDER	

1. **This matter proceeded as follows:** ☐ Uncontested ☐ By stipulation ☐ Contested
- a. Date: _____ Time: _____ Department: _____
- b. Judicial Officer (name): _____ ☐ Judge Pro Tempore ☐ Commissioner
Court Reporter (name): _____
Court Clerk (name): _____
- c. ☐ Interpreter(s) present (name): _____
- d. ☐ Petitioner present ☐ Attorney present (name): _____
- e. ☐ Respondent present ☐ Attorney present (name): _____
- f. ☐ Other parent present ☐ Attorney present (name): _____
- g. Attorney for local child support agency (name): _____
- h. The obligor (the parent ordered to pay support) for purposes of this order is ☐ Petitioner ☐ Respondent
☐ Other parent
- i. ☐ Other (specify): _____
2. ☐ This is a recommended order/judgment based on the objection of (specify name): _____
3. a. ☐ This matter is taken off calendar. b. ☐ This entire matter is denied ☐ with ☐ without prejudice.
- c. ☐ This matter is continued at the request of the
☐ local child support agency ☐ Petitioner ☐ Respondent ☐ Other Parent
To: _____ Date: _____ Time: _____ Department: _____
(specify issues): _____
- ☐ Petitioner ☐ Respondent ☐ Other parent is ordered to appear at that date and time.
- d. ☐ The court takes the following matters under submission (specify): _____
4. ☐ ORDER OF EXAMINATION:
The ☐ Petitioner ☐ Respondent ☐ Other (specify): _____
was sworn and examined. ☐ Examination held outside of court.
5. REFERRALS
- a. ☐ The parties are referred to the Family Court Services Mediator.
- b. ☐ Mother ☐ Father is referred to the Family Law Facilitator.
- c. ☐ Other (specify): _____

THE COURT FINDS

6. ☐ Respondent ☐ Petitioner ☐ Other Parent ☐ was ☐ was not served regarding this matter.
7. ☐ Respondent ☐ Petitioner ☐ Other Parent ☐ admits ☐ denies parentage.
8. ☐ The parents of the children named below are Mother (name):
Father (name):

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
---	--------------

9. ☐ Respondent ☐ Petitioner ☐ Other Parent has read and understands the *Advisement and Waiver of Rights for Stipulation* (form FL-694) attachment. He or she gives up those rights and freely agrees that a judgment may be entered in accordance with these findings.

10. a. Guideline support amount: \$
- b. This order ☐ is ☐ is not based on the Guideline.
- c. ☐ The attached *Guideline Findings Attachment* (form FL-693) is incorporated into these findings.
- d. ☐ A printout, which shows the calculation of child support payable, is attached and must become the court's findings.
- e. ☐ The child support agreed to by the parents is ☐ below ☐ above the statewide child support guideline.
 The amount of support that would have been ordered under the guideline formula is \$ _____ per month. The parties have been fully informed of their rights concerning child support. Neither party is acting out of duress or coercion. Neither party is receiving public assistance, and no application for public assistance is pending. The needs of the children will be adequately met by this agreed-upon amount of child support. The order is in the best interests of the children. If the order is below the guideline, no change of circumstances will be required to modify this order. If the order is above the guideline, a change of circumstances will be required to modify this order.
- f. ☐ The support order was reduced pursuant to the low-income adjustment.
11. ☐ Arrearages from (specify date): _____ through (specify date): _____
 are \$ _____ ☐ including interest ☐ interest not computed.

THE COURT ORDERS

12. All orders previously made in this action must remain in full force and effect except as specifically modified below.

13. ☐ Genetic testing must be coordinated by the local child support agency.
- a. ☐ Respondent ☐ Petitioner ☐ mother of the children
☐ other (specify): _____
 and the minor children must each submit to genetic testing as directed by the local child support agency.
- b. ☐ Obligor must reimburse the local child support agency for genetic testing costs of \$ _____

14. a. ☐ Obligor is the parent of and must pay current child support for the following children:

<u>Name</u>	<u>Date of birth</u>	<u>Monthly basic support amount</u>	<u>Child-care costs</u>
-------------	----------------------	-------------------------------------	-------------------------

- ☐ Additional children are listed on an attached page.
- b. ☐ Obligor must pay additional support monthly for child-care costs:
☐ (specify amount): \$ _____ ☐ one-half ☐ (specify percent): _____ percent of said costs.
 Payments must be made to ☐ local child support agency ☐ other party ☐ child-care provider.
- c. ☐ Obligor must pay reasonable uninsured health-care costs for the children
☐ (specify amount): \$ _____ ☐ one-half ☐ (specify percent): _____ percent of said costs.
 Payments must be made to ☐ local child support agency ☐ other party ☐ health-care provider.
- d. ☐ Obligor must pay additional support monthly for the following (specify):
☐ (specify amount): \$ _____ ☐ one-half ☐ (specify percent): _____ percent of said costs.
 Payments must be made to ☐ local child support agency ☐ other party
- e. ☐ Other (specify): _____
- f. ☐ For a total of: \$ _____ payable on the: _____ day of each month
 beginning (date): _____
- g. ☐ Low-income adjustment applied. Reason for adjustment (specify): _____
- h. Any support ordered must continue until further order of court, unless terminated by operation of law.

NOTICE: Any party required to pay child support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent. This can be a large additional amount.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
---	--------------

15. ☐ The obligor may claim the children for tax purposes as long as all child support payments are current as of the last day of the year for which the exemptions are claimed.

16. ☐ Petitioner ☐ Respondent must pay to ☐ Petitioner ☐ Respondent as
☐ spousal support ☐ family support \$ _____ per month, beginning (date):
☐ payable on the (specify): _____ day of each month.

17. ☐ Obligor must pay child support for past periods and in the amounts set forth below:

<u>Name</u>	<u>Period of support</u>	<u>Amount</u>
-------------	--------------------------	---------------

- a. ☐ Other (specify): _____
- b. ☐ For a total of: \$ _____ payable on the: _____ day of each month
beginning (date): _____
- c. ☐ Interest must accrue on the entire principal balance owing and not on each installment as it becomes due.

18. ☐ Obligor owes support arrears as follows, as of (date): _____

- a. ☐ Child support: \$ _____ ☐ Spousal support: \$ _____ ☐ Family support: \$ _____ ☐ Other: \$ _____
- b. ☐ Interest is not included and is not waived.
- c. ☐ Payable: _____ on the _____ day of each month
beginning (date): _____
- d. ☐ Interest must accrue on the entire principal balance owing and not on each installment as it becomes due.

19. No provision of this judgment must operate to limit any right to collect all sums owing in this matter as otherwise provided by law.

20. All payments except as otherwise ordered must be made to (name and address of agency): _____

21. A wage and earnings assignment order shall issue.

22. ☐ Obligor ☐ Obligee must (1) provide and maintain health insurance coverage for the children if it is available through employment or a group plan, or otherwise at no or reasonable cost, and must keep the local child support agency informed of the availability of the coverage; (2) if health insurance is not available, provide coverage when it becomes available; (3) within 20 days of the local child support agency's request, complete and return a health insurance form; (4) provide to the local child support agency all information and forms necessary to obtain health-care services for the children; (5) present any claim to secure payment or reimbursement to the other parent or caretaker who incurs costs for health care services to the children; (6) assign any rights to reimbursement to the other parent or caretaker who incurs costs for health-care services for the children. If the "Obligor" box is checked, a *National Medical Support Notice* must be issued.

23. ☐ **JOB SEARCH**
☐ Mother ☐ Father must seek employment for at least _____ jobs per week and report those job applications and results to the court and the local child support agency at the continuance date. These job applications are to be made in person, not by phone, fax, or e-mail.

24. ☐ For purposes of the licensing issue only, the obligor is found to be in compliance with the support order in this action. The local child support agency must issue a release of license number _____ and send it to the appropriate licensing agency and obligor.


☐ Obligor is not in compliance with the support order in this action; however, the needs of the obligor warrant a conditional release. The local child support agency must issue a release of license number _____ and send it to the appropriate licensing agency and obligor. Such release must be effective only as long as the obligor complies with all payment terms of this order.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
---	--------------

25. ☐ A warrant of attachment must issue for (*specify name*):
- a. ☐ Bail is set in the amount of (*specify amount*): \$
- b. ☐ Service is stayed until (*specify date*):
26. ☐ The court retains jurisdiction to make orders retroactive to (*specify date*):
27. ☐ The court reserves jurisdiction over ☐ all issues ☐ the issues of (%):
28. Both parties must complete a *Child Support Case Registry Form* (form FL-191) and send (deliver or mail) it to the local child support agency within 10 days of the date of this order. The parents must notify the local child support agency of any change in the information submitted within 10 days of the change by submitting an updated form.
29. ☐ The forms *Notice of Rights and Responsibilities* (form FL-192) and *Information Sheet on Changing a Child Support Order* (form FL-192 side 2) are attached.
30. ☐ The following person (the "Other Parent") is added as a party to this action pursuant to Family Code sections 17400 and 17406 (*specify name*):
31. ☐ The court further orders (*specify*):

32. ☐ Number of pages attached: _____

Approved as conforming to court order:
 Date:



 (SIGNATURE OF ATTORNEY FOR OBLIGOR)

Date: _____

 JUDICIAL OFFICER

☐ Signature follows last attachment

PETITIONER/PLAINTIFF:
RESPONDENT/DEFENDANT:
OTHER PARENT:

CASE NUMBER:

DRAFT-4

GUIDELINE FINDINGS ATTACHMENT
Attachment to *Minutes and Order or Judgment*

The court makes the following findings required by Family Code sections 4056, 4057, and 4065:

1. ☐ A printout of a computer calculation and findings is attached and incorporated in this order for all required items not filled out below.

2. ☐ **INCOME**

	<u>Gross monthly income</u>	<u>Net monthly income</u>	<u>Receiving TANF/CalWORKS</u>
a. Each parent's monthly income is as follows:			
Mother: \$	\$		<input type="checkbox"/>
Father: \$	\$		<input type="checkbox"/>
b. <input type="checkbox"/> The court finds that <input type="checkbox"/> Mother <input type="checkbox"/> Father has the capacity to earn: \$ _____ per <input type="checkbox"/> month <input type="checkbox"/> (specify): _____ and has based the support order upon this imputed income.			

3. ☐ **CHILDREN OF THIS RELATIONSHIP**
 - a. Number of children who are the subjects of the support order (specify): _____
 - b. Approximate percentage of time spent with

mother:	percent
father:	percent

4. ☐ **HARDSHIPS**

☐ Hardships for the following have been allowed in calculating child support:

	<u>Mother</u>	<u>Father</u>	<u>Approximate ending time for the hardship</u>
a. <input type="checkbox"/> Other minor children:	\$	\$	
b. <input type="checkbox"/> Extraordinary medical expenses:	\$	\$	
c. <input type="checkbox"/> Catastrophic losses:	\$	\$	

5. **THE COURT FINDS:**
 - a. Mandatory findings for orders that differ from the guideline:
 - (1) The guideline amount of child support calculated is \$ _____ per month payable by ☐ Mother ☐ Father
 - (2) The reasons for departure from guideline support are (specify):
Mother ☐ Single ☐ HH/MLA ☐ MFJ ☐ MFS Number of exemptions claimed: _____
Father ☐ Single ☐ HH/MLA ☐ MFJ ☐ MFS Number of exemptions claimed: _____
 - (3) The reasons the amount ordered is consistent with the best interests of the children are (specify): _____
 - b. *If requested*, mandatory findings for orders that differ from the guideline:
☐ are contained in the attached declaration.
 - (1) The net monthly disposable income for each parent is: mother: \$ _____ father: \$ _____
 - (2) The actual federal income tax filing status for each parent is: mother: _____ father: _____
 - (3) The deductions from gross wages for each parent are:

<div style="display: flex; justify-content: space-between;"> <div>(i) mother</div> <div>(ii) father</div> </div> <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;"><u>Description of Deduction</u></th> <th style="text-align: center;"><u>Amount</u></th> <th style="text-align: left;"><u>Description of Deduction</u></th> <th style="text-align: center;"><u>Amount</u></th> </tr> </thead> <tbody> <tr><td></td><td style="text-align: center;">\$</td><td></td><td style="text-align: center;">\$</td></tr> <tr><td></td><td style="text-align: center;">\$</td><td></td><td style="text-align: center;">\$</td></tr> <tr><td></td><td style="text-align: center;">\$</td><td></td><td style="text-align: center;">\$</td></tr> <tr><td></td><td style="text-align: center;">\$</td><td></td><td style="text-align: center;">\$</td></tr> <tr><td></td><td style="text-align: center;">\$</td><td></td><td style="text-align: center;">\$</td></tr> <tr><td></td><td style="text-align: center;">\$</td><td></td><td style="text-align: center;">\$</td></tr> <tr><td></td><td style="text-align: center;">\$</td><td></td><td style="text-align: center;">\$</td></tr> <tr><td></td><td style="text-align: center;">\$</td><td></td><td style="text-align: center;">\$</td></tr> <tr><td></td><td style="text-align: center;">\$</td><td></td><td style="text-align: center;">\$</td></tr> <tr><td></td><td style="text-align: center;">\$</td><td></td><td style="text-align: center;">\$</td></tr> <tr><td></td><td style="text-align: center;">\$</td><td></td><td style="text-align: center;">\$</td></tr> <tr> <td style="text-align: right;">TOTAL</td> <td style="text-align: center;">\$</td> <td style="text-align: right;">TOTAL</td> <td style="text-align: center;">\$</td> </tr> </tbody> </table>	<u>Description of Deduction</u>	<u>Amount</u>	<u>Description of Deduction</u>	<u>Amount</u>		\$		\$		\$		\$		\$		\$		\$		\$		\$		\$		\$		\$		\$		\$		\$		\$		\$		\$		\$		\$		\$		\$	TOTAL	\$	TOTAL	\$
<u>Description of Deduction</u>	<u>Amount</u>	<u>Description of Deduction</u>	<u>Amount</u>																																																	
	\$		\$																																																	
	\$		\$																																																	
	\$		\$																																																	
	\$		\$																																																	
	\$		\$																																																	
	\$		\$																																																	
	\$		\$																																																	
	\$		\$																																																	
	\$		\$																																																	
	\$		\$																																																	
	\$		\$																																																	
TOTAL	\$	TOTAL	\$																																																	
 - (4) The percentage of time each parent has primary physical custody is: mother: _____ father: _____

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
---	--------------

6. **STIPULATION TO NON-GUIDELINE ORDER**

☐ The child support agreed to by the parties is ☐ below ☐ above the statewide child support guideline. The amount of support that would have been ordered under the guideline formula is \$ _____ per month. The parties have been fully informed of their rights concerning child support. Neither party is acting out of duress or coercion. Neither party is receiving public assistance, and no application for public assistance is pending. The needs of the children will be adequately met by this agreed-upon amount of child support. The order is in the best interests of the children. If the order is below the guideline, no change of circumstances will be required to modify this order. If the order is above the guideline, a change of circumstances will be required to modify this order.

7. **OTHER REBUTTAL FACTORS**

☐ **Support calculation**

- a. The court finds by a preponderance of the evidence that rebuttal factors exist. The rebuttal factors result in an ☐ increase ☐ decrease in child support. The revised amount of support is \$ _____ per month.
- b. The court finds the child support amount revised by these factors to be in the best interest of the child and that application of the formula would be unjust or inappropriate in this case.
- The revised amount remains in effect ☐ until further order ☐ until (date): _____ when guideline support of \$ _____ shall commence.

c. **The factors are:**

- (1) ☐ The sale of the family residence is deferred under Family Code section 3800, and the rental value of the family residence in which the children reside exceeds the mortgage payments, homeowners insurance, and property taxes by \$ _____ per month. (Fam. Code, § 4057(b)(2).)
- (2) ☐ The parent paying support has extraordinarily high income and the amount determined under the guideline would exceed the needs of the child. (Fam. Code, § 4057(b)(3).)
- (3) ☐ The ☐ mother ☐ father is not contributing to the needs of the children at a level commensurate with that party's custodial time. (Fam. Code, § 4057(b)(4).)
- (4) ☐ Special circumstances exist in this case. The special circumstances are: (Fam. Code, § 4057(b)(3).)
 - (i) ☐ The parents have different time sharing arrangements for different children. (Fam. Code, § 4057(b)(5)(A).)
 - (ii) ☐ The parents have substantially equal custody of the children and one parent has a much lower or high percentage of income used for housing than the other parent. (Fam. Code, § 4057(b)(5)(B).)
 - (iii) ☐ The child has special medical or other needs that require support greater than the formula amount. These needs are (specify): (Fam. Code, § 4057(b)(5)(C).)
 - (iv) ☐ Other (specify): (Fam. Code, § 4057(b)(5).)

PETITIONER/PLAINTIFF:
RESPONDENT/DEFENDANT:
OTHER PARENT:

CASE NUMBER:

DRAFT-3

ADVISEMENT AND WAIVER OF RIGHTS FOR STIPULATION
Attachment to *Minutes and Order or Judgment*

1. **RIGHT TO BE REPRESENTED BY A LAWYER.** I understand that I have the right to be represented by a lawyer of my choice at my expense. If I cannot afford a lawyer to represent me, I can ask the court to appoint one to represent me free of charge if I dispute that I am the parent of the children named in this action. I understand that the district attorney does not represent me.
2. **RIGHT TO A TRIAL.** I understand that I have a right to have a judicial officer: (a) determine if I am the parent of the children named in the stipulation; (b) decide how much child support I must pay; and (c) decide how much I owe for arrearages (unpaid support).
3. **RIGHT TO CONFRONT AND CROSS EXAMINE WITNESSES.** I understand that in a trial any allegations made against me must be proved. At the trial I may be present with a lawyer when witnesses testify, and I may ask them questions. I may also present evidence.
4. **RIGHT TO HAVE PARENTAGE TESTS WHERE THE LAW PERMITS.** I understand that, where the law permits, I have the right to have the court order parentage tests. The court will decide on the tests. The court could order that I pay none, some, or all of the costs of the tests.
5. I understand that by agreeing to the terms of the order or judgment, I am admitting that I am the parent of the children named in the stipulation and I am giving up the rights stated above.
6. **WHERE THE STIPULATION INCLUDES CHILD SUPPORT.**
 - a. I understand that I will have the duty to obey the support order for the children named in the stipulation until the order is changed by the court or ended by law.
 - b. I also understand that the court will order any support payments to be paid directly from my wages or other earnings and sent to the local child support agency if they are assigned to collect the support.
7. **WHERE THE STIPULATION INCLUDES A PROVISION FOR HEALTH INSURANCE.** I understand that I must keep health insurance coverage for the minor children if insurance is available, or becomes available, to me at no or reasonable cost. A health insurance coverage assignment may be ordered to get health insurance for my children.
8. I agree to the terms of this order or judgment freely and voluntarily.
9. I understand that the local child support agency is required by state law to enforce the duty of support.
10. **I UNDERSTAND THAT IF I WILLFULLY FAIL TO SUPPORT MY CHILDREN, CRIMINAL PROCEEDINGS MAY BE INITIATED AGAINST ME.**
11. I understand that any support I owe may be collected from any of my property. This collection may be made by intercepting money owed to me by the state or federal government (such as tax refunds, unemployment and disability benefits, and lottery winnings), by taking property I own, by placing a lien on my property, or by any other lawful means.
12. **IF I AM REPRESENTED BY AN ATTORNEY, MY ATTORNEY HAS READ AND EXPLAINED TO ME THE TERMS OF THE ORDER OR JUDGMENT AND THIS ADVISEMENT AND WAIVER OF RIGHTS, AND I UNDERSTAND THESE TERMS.**

- ☐ I have read and understand the *Advisement and Waiver of Rights for Stipulation*; or
- ☐ Attached is a translation of this advisement in (*specify language*):
- ☐ I understand the translation.

Date:

(TYPE OR PRINT NAME)

(PARTY'S SIGNATURE)

INTERPRETER'S DECLARATION: The above-named party is unable to read or understand this *Advisement* because

- ☐ his or her primary language is (*specify*):
- ☐ Other (*specify*):

I certify under penalty or perjury under the laws of the State of California that I have, to the best of my ability, read or translated for the above-named party the *Minutes and Order or Judgment After Hearing and Advisement and the Waiver of Rights for Stipulation*. The above-named party said he or she understood the terms of the order or judgment before signing it.

Date:

(TYPE OR PRINT NAME)

(INTERPRETER'S SIGNATURE)